APPLICATION FOR MANAGEMENT AGENT QUALIFICATION

Name of Management Agent:	
	MANAGEMENT AGENT'S OFFICE LOCATIONS
Address:	
Principal Office:	
Other Offices:	
Names of Officers:	
Territory & Major Cities Covered:	
Principal Office:	
Other Offices:	
Phone:	
Principal Office:	
Other Offices:	
	SECTION I <u>GENERAL INFORMATION</u>
1. Indicate the legal nature of the Mana	gement Agent:
Co	orporation
Pa	artnership
Pr	oprietorship
Ot	ther (Specify)
2. Is the Management Agent a subsidiar	ry of another corporation?
Yes No _	
If "yes", please provide name and addre	ss of parent corporation and describe relationship.

describe:
4. How many years has the Management Agent been active in housing management?
5. Is the firm a licensed Real Estate Broker in the State of New Jersey?
Yes No
If "yes", what is the Broker's License Number?
SECTION II PERSONNEL
1. Complete Attachment A, listing job titles, number, and salary ranges of personnel employed by the Management Ager in the management office.
2. List the general qualifications you look for in Property Managers:
A. Education:
B. Previous Experience:
C. Other:
3. List the general duties of your Property Managers:
4. List the qualifications you look for in Resident Managers:
A. Education:
B. Previous Experience:
C Other:

5. List the general duties of your Resident Managers:
SECTION III <u>TRAINING</u>
1. Do you provide training for your Property Managers?
Yes No
If "yes", describe training:
2. Do you provide training for your Resident Managers?
Yes No
If "yes", describe training:
3. If approved, do you agree to send personnel involved in the management of a development financed by to required training programs?
Yes No
SECTION IV HOUSING MANAGEMENT EXPERIENCE
1. Has a housing development experienced default while under your management?
Yes No
If "yes", please provide details as to what development(s) experienced the default, the reasons(s) for the default, and if the default has since been cured under your management, how it was cured:
2. If your organization, or any principals of your organization, have ever managed developments under any Department of Housing & Urban Development program, attach a current HUD Form No. 2530, Previous Participation Certificate.
3. Complete Attachment B, listing information on all low or moderate income housing developments which you have managed within the last five years. Add on a separate page list all other Multifamily Rental Housing you have managed. Include location and # of DU's
SECTION V

MISCELLANEOUS

1. Please list professional organizations (e.g., Institute of Real Estate Management, National Association of Home

	lagement Agent is a member.
	sional designations (e.g., Certified Property Manager, Registered Apartment Manager) or awards t personnel have received:
3. Have any of the Firn	n's principals ever been involved in bankruptcy proceedings?
Yes	No
If "yes", give details:	
4. Has any officer, partr a principal, embezzleme	ner, or employee of the organization every been found guilty of any misappropriation of funds of ent, fraud or deceit?
Yes	No
If "yes", give details:	
5. Does the firm have a Yes If "yes", state amount	
6. Has Management Ag	gent or any of its present personnel ever been denied a bond?
Yes If "yes", give details:	No
	Agent or any of its present personnel ever been involved in governmental or judicial action of "Fair Housing" laws?
Yes	No
8. Have any proper	rty management contracts of which the Management Agent, or any Officer or Partner of the as a party been terminated prior to their expiration dates?
Yes	No

Yes	No		
If "yes", give detail	ls:		
	s, bonds, certificate		ever been revoked, suspended, restricted or in any manne
	No		
1. Please provide fir Bank:		ferences below:	Address:
Other Reference	<u>s:</u>		Address:
f this application is blease supply name a			ion with the management of a specific housing developmen
THE UNDERSIGNE	D HEREBY CERTI	IFIES THAT INFC	ORMATION SET FORTH IN THIS APPLICATION, AND I UE, CORRECT AND COMPLETE TO THE BEST OF HI
			ENT HAS CAUSED THIS DOCUMENT TO BE DUL, 19
			Name of Management Agent $\mathbf{B}\mathbf{y}$:
		ATTACI	Title HMENT A
		DEVELOPMEN	NTS MANAGED

Total Number of Dwelling Units:	Approximate Age of Development:					
Dwelling Unit Type: ¹						
Type of Occupancy:						
Other						
Elderly Family	Mixed Elderly & Family					
Other						
Type of Financing: ²						
Type of Subsidy Program, if any: ³						
Managed From to						
Property Manager:	Phone No					
Owner:						
Owner's Address:						

Dwelling Unit Type - Detached; Semi-Detached/Row
(Townhouse); Walk-up (Garden; Elevator; Congregate.

 $^{^{\}rm 2}$ Type of Financing - Conventional, Housing Finance & Development Agency, HUD Insured, etc.

³ Type of Subsidy - Section 8, Section 236, Section 221(d) (3), Rent Supplement, etc.